

SPECIAL REPORT

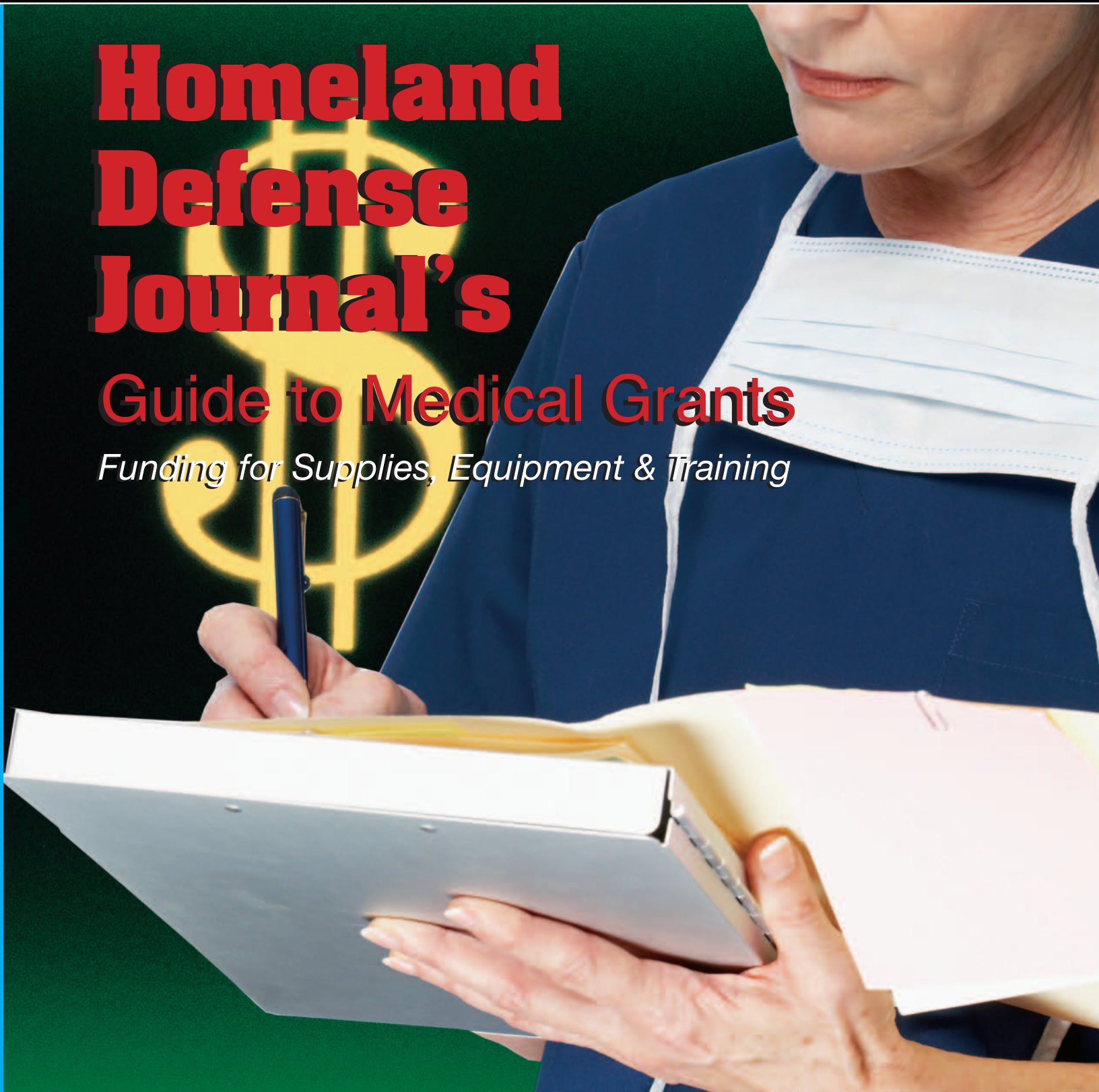
Homeland Defense

J O U R N A L

Homeland Defense Journal's

Guide to Medical Grants

Funding for Supplies, Equipment & Training



Your #1 Source for Homeland News & Information

Homeland Defense JOURNAL

Homeland Defense Journal
4301 Wilson Boulevard
Suite 1003
Arlington, VA 22203

www.homelanddefensejournal.com

To: The State and Local Homeland Security Community

The *Homeland Defense Journal* is proud to present our second **Grants Handbook: *Homeland Defense Journal's* Guide to Medical Grants, Funding for Supplies, Equipment & Training.**

We were very pleased with your reaction to our first Grants Handbook released just one year ago. Our goal then was to present information on tips, best practices and guidelines for grants writers. More than 20,000 copies of the Grants Handbook were distributed, including to more than 5,200 copies downloaded from our Web site as a PDF file.

The *Homeland Defense Journal* produces monthly feature articles covering all aspects of federal grants to support state and local governments as they address threats, risks and the necessary solutions. We are also the largest trainer of grants writers, as we develop and produce grants training courses in major cities across America. This training and the written feedback we receive helps us to better understand the needs of this vital community — state and local grants writers and executives seeking important funds for their local needs.

Medical aspects of homeland security is an ongoing topic in the *Homeland Defense Journal* magazine, training courses, conferences and ongoing research.

The *Homeland Defense Journal* has been reporting on medical response to terrorism and natural pandemics since March 2002. At that time, we ran a three-part series on Miami-Dade County's development of its bio response plan due to their experience with anthrax. We posted the series at our Web site and it was downloaded more than 150,000 times. This was clearly a demonstration of need and interest across America, as local communities sought practical, hands-on information that they can apply in their community or state.

Since those early articles back in March 2002, we have produced more than 17 major features on all aspects of medical planning and readiness. (Copies of all past medical feature articles are available at our Web site for your reference.)

We added a mass casualty planning executive to our editorial board in early 2005 and began reporting then on the need for improved planning and readiness in the event of a mass casualty event.

In 2004 and 2005 we began a series of conferences and training courses on medical mass casualty planning. State and local emergency management, medical, public health and fire leaders representing every state in America have attended our courses. In March 2006, we will again hold our annual conference on Medical Aspects of Mass Casualty Planning with medical manufacturers and medical supply companies joined with leading federal, state and local leaders passing important information on needs, outlook and planning for mass casualty events.

Once again, we saw a need to inform not only on planning guidelines but also sources of funding to assist state and local leaders as they develop, train and exercise their plans and begin purchases of key medical supplies as defined in their plans.

It was for this reason that we teamed with our business partner, INPUT, for research and present to you this Grants Handbook: ***Homeland Defense Journal's* Guide to Medical Grants, Funding for Supplies, Equipment & Training.** INPUT maintains the leading database of grants information and generously shared their data with us for this project. If your community would like more information on INPUT and their excellent grants product, please go to www.input.com for additional information.

This handbook was researched and written by Don Philpott, *Homeland Defense Journal's* senior correspondent, who is also an internationally recognized journalist with more than 20 years with Reuters News Service. Don is a valuable member of our editorial staff, having researched and written the first Grants Handbook and many of the leading feature stories that have appeared in our magazine.

Homeland Defense Journal would like to acknowledge the assistance and support given to this project by the following companies who generously agreed to underwrite the research and production of this handbook:

- Becton, Dickinson and Company
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If you or any member of your staff would like to subscribe to *Homeland Defense Journal* magazine, you can do so at our Web site at www.homelanddefensejournal.com. It is free to government managers and decision makers.

We hope your organization will find this handbook to be of value. Please feel free to contact me directly with any questions or comments.

Don Dickson
President

Introduction

All 50 states have been instructed to develop pandemic plans in the event of bird flu reaching the United States. Department of Health and Human Services Secretary Mike Leavitt stressed: "Coordination at the state and local level is critical, and pandemic planning needs to go beyond public health. It needs to address how schools, businesses, public agencies and others participate in pandemic preparedness."¹

This planning is essential not only to cope with a flu pandemic but also to be able to effectively respond to any other infectious disease emergency or a bioterrorism event. When the fanatical Aum Shinrikyo sect released sarin nerve gas in the Tokyo subway station in 1995, 12 people died and nearly 6,000 were injured, overwhelming the city's emergency responders and hospitals. A small vial of anthrax or smallpox released in a U.S. city could cause tens of thousands of casualties.²

While the threat of a biochemical terrorist attack in the United States is ever-present, the likelihood of an avian flu pandemic is real and growing. There have been outbreaks throughout Asia and it has now spread to the Middle East, Europe and North Africa. As of Jan. 30, 2006, there had been 160 confirmed human cases (in Cambodia, China, Indonesia, Thailand, Turkey and Vietnam) with 85 deaths – a 53 percent fatality rate.³

The biggest threat to human security, when measured by premature deaths and associated physical suffering, is infectious disease. All of the wars of the 20th century resulted in the deaths of an average 1.1 million combatants and civilians each year. Communicable diseases are killing 14 times that number of people annually, according to the Worldwatch Institute.⁴

In the last 30 years, diseases such as tuberculosis, malaria and cholera have spread geographically, and

more than 35 previously unrecognized diseases, such as Ebola, HIV, Hantavirus and Severe Acute Respiratory Syndrome (SARS), have emerged as new threats to human well-being. Many of these diseases could be used as terrorist weapons, and many strains of infectious diseases are becoming increasingly drug resistant.⁵

During the 2004-2005 flu season, U.S. authorities had only enough shots for half of the at-risk population. How much vaccine will be available if a pandemic hits, and how prepared will we be to handle it or a bioterrorist attack?

As reported in *Homeland Defense Journal*, secret U.K. government plans for London in the event of a large-scale biological, chemical or nuclear weapons attack call for the evacuation of 1 million people. It accepts, however, that this could take up to 13 hours, by which time vast numbers of people and large areas of the capital would have been contaminated. The other 6 million Londoners would have to fend for themselves. Planners accept that any evacuation would lead to looting, rioting and mass panic. The plan, code-named Operation Sassoon, also warns that military personnel trained to deal with nuclear and chemical attacks would not arrive at the scene for up to 24 hours.⁶

By planning ahead, authorities at all levels can have the right equipment in place and the right personnel trained to use it. There are many grants available to help state and local authorities acquire this equipment. This handbook focuses on what funding sources are available, what grants are offered and how best to apply for them.

Identifying Needs

You have to identify the types of major emergencies you might face. Then you must have plans in place to:

- Prepare for them
- Respond effectively when they occur
- Mitigate the effects and recover

Absolute Requirements

- **Facilities to give care.** Remember that in a disaster these facilities may be damaged or destroyed. For instance, many hospitals were flooded after Hurricane Katrina. Physicians' offices and clinics provide the majority of day-to-day care and these facilities may be overwhelmed by casualties, located in a disaster area or contaminated zone, or unsafe to occupy.
- **Personnel to provide care.** Medical and response personnel may be victims themselves or unable to report for duty.
- **Supplies.** There must be supplies and medications to treat the patients.
- **Transportation.** You must have the ability to ferry casualties/supplies to operational facilities or move them away from the worst affected areas to reduce the burden on the local medical infrastructure.

Major Issues to Consider

Preparedness is crucial in handling a major emergency. It is essential in having the right supplies, equipment and personnel in place. This is especially true in the event of a terrorist attack involving biological, chemical or nuclear weapons, when thousands of people may need to be treated or decontaminated quickly.

Pre-positioning of Medical Supplies, Equipment and Support Materials

Hurricanes Katrina and Wilma demonstrated the importance of prepositioning emergency supplies and equipment. Effective pre-positioning requires that state and local officials first identify the specific types of emergencies they may have to deal with, and then develop a staging and deployment plan that will ensure the right equipment and supplies can be delivered to the right place at the right time.

NEED: Grants to acquire these supplies and equipment and ensure personnel receive the appropriate

training, as well as the facilities in which to store them.

Call Center Equipment, Software and Training

In the event of a planned attack or natural disaster affecting multiple locations over a wide area, it is essential that the authorities have the capability to quickly "connect the dots" when emergency calls start to come in. Quickly recognizing that you are facing a single major incident, rather than a number of individual ones, will allow you to respond appropriately and massively.

NEED: Grants to develop data mining and technology to scan all incoming calls and flag major emergencies. The objective of these efforts should be to develop cross-jurisdictional information sharing and analysis capabilities.

Communications

Communications equipment is essential and must be fully operational in an emergency. Before Katrina, New Orleans installed equipment capable of linking otherwise incompatible local and federal systems in an emergency at the fire department's communications center, but it was knocked out early on when the communications center was flooded. Communications systems have must provide enough robustness and redundancy to survive the event and still provide adequate cover for other routine 911 calls.

NEED: Grants for communications equipment, training and reliable backup systems.

Triage

Triage is critical if casualties are to be treated quickly and disease or contamination contained. This involves trained personnel, support staff (security and crowd control), equipment and adequate transport. Triage centers should be close to the scene of the event, and on or close to main highways in the direction of nearby hospitals to reduce casualty transport times.

Remember that one or more of your primary triage centers might be destroyed by the incident.

NEED: Grants for training and provision of multiple triage centers and for equipping backup locations.

Transportation

Planning involves having the right vehicles available in the right places for first responders and others to tackle the emergency and having access to transportation (both public and private) for major evacuations if necessary, such as in the event of a hurricane, a bioterrorism attack or nuclear power plant malfunction.

NEED: Grants for vehicles, equipment, training, evacuation planning and control.

Personnel

In a major incident you will quickly need to mobilize first responders and all medical and medical support personnel. You will also need large numbers of other personnel at the scene to handle security and crowd control.

NEED: Grants for developing asset management systems and training skilled personnel to manage and control resources.

Other Planning Considerations

In the event of a pandemic, such as avian flu, there will be massive social and economic disruptions. Many people will be sick and many more will stay at home to try to avoid becoming sick. This will result in a huge disruption to businesses, industries and services that we take for granted. In particular:

Hospital and Health Care Staff. The number of staffers is likely to be greatly depleted through illness, while the number of patients will increase dramatically. All non-emergency admissions will have to be suspended, but there will still be a need to

provide emergency room and intensive care services. It will be essential to ensure key health personnel receive priority and early protection.

First Responders. Police and fire services will have fewer personnel on duty because of sickness. Their role, together with the National Guard, will be essential, however, in maintaining law and order, crowd control at emergency medical centers, and protecting essential supplies.

Deliveries. Major regional disasters or public health emergencies may lead to shortages of basic essentials, such as, food, water and gasoline, and may also deplete critical medical supplies and vaccines. Experts recommend families have enough canned food, water and batteries (for flashlight and radio) stockpiled to last for three to five days.

Essential Services. It may not be possible to maintain all essential services if large numbers of workers are sick. This could mean interruptions to power supplies, which would have serious consequences for people relying on electricity for medical equipment. Disruption to supplies could also affect food stored in refrigerators and freezers, leading to waste and further shortages. Water supplies may be affected both by power outages and shortages of chlorine to purify the water. Most water authorities carry about one week's supply of chlorine, so if deliveries are interrupted, the water coming out of taps would then need to be purified, assuming water supplies could be maintained. If there is no water, toilets will not flush and sewage will also become a problem. Sewage treatment plants may also shut down, increasing the risk of disease. Computer and communications services may be disrupted.

Workplace. Up to 40 percent of the workforce could be affected. Many businesses may shut down for extended periods with employees losing some or all of their income. Banks may not be open, ATMs may not

be restocked and getting hold of cash may be a problem.

Public Transportation. Public transportation could grind to a halt with few staff available to run it and even more passengers unwilling to use public transportation assets. This will also affect businesses and industry as workers are either unable to get to work or reluctant to make the effort.

Schools. Schools will close not only because many teachers and students will be sick, but also to prevent the spread of the illness. Schools also may be needed as “field hospitals” to tend for the huge numbers of sick people. If students have to stay at home, parents may have to stay away from work to look after them.

Mortuaries. One of the major problems that will have to be tackled is coping with the dead. Thousands or tens of thousands will have to be buried at the height of the pandemic. Facilities may have to be provided to store corpses until officials, working with surviving family members, can arrange to have them properly buried or cremated.

Overview of Agencies and Major Funding Sources

Department of Health and Human Services

The Department of Health and Human Services (HHS) developed the Pandemic Influenza Plan and is responsible for preparedness and response at the federal level and providing guidance to national, state and local policy makers and health departments. A key component of the plan is to create a seamless network of federal, state and local preparedness, including increasing health care surge capacity. HHS is also the lead federal agency responsible for public health in terror attacks, epidemics, natural disasters or major accidents. HHS has about 300 grant programs, most of which are

administered in a decentralized manner by several agencies. All programs are described in the Catalog of Federal Domestic Assistance (CFDA), compiled and maintained by the General Services Administration. All grants are profiled and HHS programs list a specific contact for obtaining additional information and application forms.

Health Resources and Services Administration

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, directs grant programs that improve the nation’s health by expanding access to comprehensive, quality health care for low-income and uninsured people, mothers and their children, people with HIV/AIDS and residents of rural areas.

Other HRSA programs seek to improve the diversity of the U.S. health care workforce and encourage placement of health professionals in communities where health care is scarce. The agency also oversees a national organ and tissue transplantation system and administers programs to improve America’s ability to respond to large-scale emergencies and disasters.

In fiscal year 2005, HRSA spent more than \$7.37 billion to carry out these responsibilities, an increase of \$186 million over fiscal year 2004.

National Institutes of Health

The National Institutes of Health (NIH) is part of HHS and is the primary federal agency for conducting and supporting medical research. Composed of 27 institutes and centers, the NIH provides leadership and financial support to researchers in every state and throughout the world.

Centers for Disease Control and Prevention (CDC)

CDC is one of the 13 major operating components of HHS. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public

health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats. Today, CDC is globally recognized for conducting research and investigations and for its action-oriented approach. CDC applies research findings to improve people's daily lives and responds to health emergencies — something that distinguishes CDC from its peer agencies.

Department of Homeland Security

The Department of Homeland Security (DHS) leverages resources within federal, state and local governments, coordinating the transition of multiple agencies and programs into a single, integrated agency focused on protecting the American people. More than 87,000 different governmental jurisdictions at the federal, state and local level have homeland security responsibilities. The comprehensive national strategy seeks to develop a complementary system connecting all levels of government without duplicating efforts. Homeland security is truly a “national mission.”

Grant Sources Available

Federal grant outlays totaled \$406.3 billion in 2004 and are estimated to be \$425.8 billion in 2005 and \$435.7 billion in 2006.

Federal Grant Outlays by Agency (in billions of dollars)

Agency	2004 Actual	2005 (Est.)	2006 (Est.)
Department of Agriculture	23.7	25.5	25.7
Department of Commerce	0.6	0.7	0.6
Department of Education	35.6	39.7	40.1
Department of Energy	0.3	0.2	0.3
Department of Health and Human Services	236.6	251.0	256.6
Department of Homeland Security	5.9	8.4	9.1
Department of Housing and Urban Development	32.7	33.5	34.8
Department of the Interior	3.4	4.2	4.1
Department of Justice	4.7	3.1	3.8
Department of Labor	8.4	7.7	7.1
Department of Transportation	41.3	43.9	46.8
Department of the Treasury	5.4	0.5	0.4
Department of Veterans Affairs	0.5	0.5	0.3
Environmental Protection Agency	4.0	3.7	3.8
Other Agencies	3.3	3.3	2.2
Total	\$406.3	\$425.3	\$435.7

Source: White House Budget Proposal 2006

The following agencies provide funding for homeland security related medical responses.

Note: This is not a definitive list of all grants available but an overview of major funding agencies and the grants they offer in this and associated areas of security-type medical responses.

Department of Health and Human Services ■ **Pandemic Preparedness Planning Grants and Funding**

All 50 states, seven territories, the Commonwealth of Puerto Rico and the District of Columbia will receive grants from the U.S. Department of Health and Human Services totaling \$100 million. Each state will receive a minimum of \$500,000, and the rest of the funds will be allocated by population. States and municipalities will use these funds to accelerate and intensify current planning efforts for pandemic influenza and prepare to exercise their plans. This funding is part of \$350 million included in the recent emergency appropriation for combating pandemic influenza passed by Congress in December. The remaining \$250 million from the appropriation will be awarded later this year in accord with guidance that will require progress and performance.

Health Resources and Services Administration ■ **Bioterrorism Training and Curriculum Development Program (BTCDP)**

This program supports development of new and enhanced models of undergraduate/graduate curricula and continuing education and training for health professionals, equipping them to prepare for and respond to emergencies, including bioterrorism, other forms of terrorism (such as the use of chemical, explosive, incendiary or nuclear agents against civilian populations), natural disasters and catastrophic accidents.

■ **National Bioterrorism Hospital Preparedness Program (NBHPP)**

The purpose of the program is to prepare hospitals and supporting health care systems, in collaboration with

other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies. For more information, visit <http://www.hrsa.gov/bioterrorism/overview.htm>.

■ ***Delta States Rural Development Network***

The purpose of the Delta States Rural Development Network (Delta) Grant Program is to support community organizations in the development and implementation of projects to address local health care needs in the rural Delta Region (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee). This will be achieved by awarding a single grant to one organization within each of the eight Delta States.

■ ***Rural Health Network Development Planning Grant Program***

This program offers grants to provide support to entities that need assistance to plan, organize and develop a health care network because they do not have a significant history of collaboration and are not sufficiently evolved to apply for a three-year Rural Health Network Development Grant.

National Institutes of Health

■ ***Technology Development for Biomedical Applications***

This provides grants for innovative applications for the development of new and improved instruments or devices, the development of new methodologies using existing instruments, and the development of software related to instrumentation.

Department of Homeland Security

Medical supplies and limited pharmaceuticals are listed as allowable equipment categories under the 2006 Homeland Security Grant Program (HSGP) under the following consolidated components:

■ ***Homeland Security Program (HSP)***

The FY 2006 Homeland Security Grant Program (HSGP) integrates the State Homeland Security

Program (SHSP), the Urban Area Security Initiative (UASI), the Law Enforcement Terrorism Prevention Program (LETPP), the Metropolitan Medical Response System (MMRS), and the Citizen Corps Program (CCP). The HSGP program provides funding for planning, organization, equipment, training, exercises, and management and administration to prevent, protect against, respond to and recover from terrorist attacks, major disasters and other emergencies. The Homeland Security Program funding for FY 2006 is estimated at \$2.5 billion.

The Homeland Security Program includes:

■ ***Metropolitan Medical Response System***

The MMRS Program began in 1996 and currently is funded by the DHS. The primary focus of the program is to develop or enhance existing emergency preparedness systems to effectively respond to a public health crisis, especially a weapon of mass destruction (WMD) event. Through preparation and coordination, local law enforcement, fire, hazmat, EMS, hospital, public health and other “first response” personnel plan to respond more effectively in the first 48 hours of a public health crisis.

The FY 2006 MMRS program provides funding to designated localities to assist in writing plans, developing training, purchasing equipment and pharmaceuticals, and conducting exercises to achieve the target capabilities necessary to respond to a mass casualty event, whether caused by a WMD terrorist act, epidemic disease outbreak, natural disaster or HAZMAT accident, during the crucial first hours of a response until significant external assistance can arrive and become operational. Recognizing that MMRS is inherently multi-jurisdictional, funds must be expended to support the regional MMRS to establish and sustain enhanced local capabilities.

States are encouraged to pass through 100 percent of grant funds, but may retain 20 percent to facilitate strategy assessment and capability integration between

the state and MMRS jurisdictions. States must have written concurrence between the State Administrative Agency (SAA) and MMRS Steering Committee Chair to use funds to:

- Support regional MMRS Operational Areas overall.
- Advise and assist MMRS jurisdictions in awareness of, and in providing input to, state and Urban Area Homeland Security Assessments and Strategies.
- Ensure that MMRS-related mutual aid agreements conform to statewide and state regional resource management requirements and capabilities.
- Advise and assist MMRS jurisdictions with HSPD-8 preparedness assessments and reporting.

Note: The period of performance for MMRS is 24 months from the award date. A portion of this period overlaps with deliverable schedules under FY 2004 and FY 2005 MMRS grants. Grant recipients, to the greatest extent possible, should correlate the funding from FY 2006 MMRS Program with the ongoing activities funded by the previous year's vehicles to determine the best allocation of funds between ongoing and new initiatives.

MMRS Target Capabilities

- Planning
- Community Preparedness and Participation
- Communications
- Information Gathering and Recognition of Indicators and Warnings
- CBRNE Detection
- Epidemiological Surveillance and Investigation
- Public Health Laboratory Testing
- Citizen Protection: Evacuation and/or In-place Protection
- Isolation and Quarantine
- Critical Resource Logistics and Distribution
- Urban Search and Rescue
- Emergency Public Information and Warning
- Responder Health and Safety
- Triage and Pre-hospital Treatment
- Public Safety and Security Response

- Medical Surge
- Medical Supplies Management and Distribution
- Environmental Health
- Mass Prophylaxis
- Mass Care
- Firefighting Operations/Support
- Fatality Management
- WMD/Hazardous Materials Response and Decontamination

Revised Capability Focus Area (CFA)

This CFA links to the Medical Surge Target Capability. MMRS jurisdictions are strongly encouraged to develop, in conjunction with state and urban area officials, altered standards of care authorities and guides, based on the information provided in the AHRQ report, "Altered Standards of Care in Mass Casualty Events" (pub. No. 05-0043, April 2005).

Elements of the MMRS baseline capabilities apply to this area, including the WMD CBRNE plans and Local Hospital and Regional Health Care Systems Plan. The provisions of FY 2004 and FY 2005 CFA 2, "ensure operational viability of mass care shelters and medical treatment facilities" are incorporated into this CFA:

- Revise or update current plans to include the provision of hazardous/toxic substances portal and point detection and monitoring, decontamination and public safety support to mass care shelters and medical treatment facilities by designated personnel and equipment.
- Consider the establishment of reception centers, which consolidate monitoring, triage, decontamination and registration of affected persons.
- Identify agent antidotes by types and dosage volumes and planning for storage, dispersal and dispensing, and awareness of how agent antidote dosages may impact the health of vulnerable populations (e.g., immune-suppressed individuals, children).
- Ensure that alternate medical treatment facilities have immediately available electric power, water

and sewer, environmental controls, and other necessary infrastructure support to become operationally viable on short notice.

■ ***Citizen Corps Program (CCP)***

The CCP was created to help coordinate volunteer activities that make our communities safer, stronger and better prepared to respond to any emergency situation. It provides opportunities for people to participate in a range of measures to make their families, their homes and their communities safer from the threats of crime, terrorism and disasters of all kinds. Coordinated nationally by the Office of Domestic Preparedness, grants are available to:

1. Bring together the appropriate leadership to form and sustain a Citizen Corps Council.
2. Develop and implement a plan for the community to engage all citizens in homeland security, community preparedness and family safety, and incorporate citizen participation in existing plans and activities.
3. Conduct public education and outreach in order to inform the public about its role in crime prevention; mitigation; emergency preparedness for all hazards; public health measures, including bio-terrorism; and personal responsibility and action.
4. Develop and implement Citizen Corps programs offering training and volunteer opportunities to support emergency management and emergency responders, disaster relief organizations and community safety efforts, including: Community Emergency Response Teams (CERT), Neighborhood Watch, Volunteer in Police Service (VIPS), Medical Reserve Corps (MRC), Fire Corps and Citizen Corps affiliates.
5. Enable citizens to participate in exercises and receive training and equipment.

■ ***Urban Area Security Initiative (UASI)***

This program provides financial assistance to address the unique planning, equipment, training and exercise needs of large urban areas, and to assist them

in building an enhanced and sustainable capacity to prevent, respond to and recover from threats or acts of terrorism. States must ensure that the identified urban areas take an inclusive regional approach to the development and implementation of the UASI Program and involve core cities, core counties, contiguous jurisdictions, mutual aid partners, port authorities, rail and transit authorities, state agencies, Citizen Corps Council(s) and MMRS steering committees.

■ ***Law Enforcement Terrorism Prevention Program (LETPP)***

The LETPP program provides funding for the following categories:

- ***Planning.*** Planning activities associated with information sharing, vulnerability assessments, and development or review of security plans.
- ***Organizational Activities.*** Overtime personnel costs to participate in information, investigative and intelligence sharing activities specifically related to homeland security.
- ***Equipment.*** Purchasing of specialized equipment to: improve information sharing and intelligence activities; make vulnerable targets more resistant to attack, removal or damage; further recognize the potential or development of a threat; enhance capabilities to prevent domestic terrorism incidents; and ensure interoperable communications between and among law enforcement agencies and other emergency service disciplines.
- ***Training.*** Training activities associated with: building information sharing capabilities; methods of target hardening; improving the skills of security personnel; recognition of CBRNE threats; surveillance techniques; and other activities.
- ***Exercise.*** Exercise activities to plan for, design, develop, conduct and evaluate exercises that train homeland security preparedness, prevention and response personnel; evaluate prevention and response plans, policy, procedures and protocols; and assess the readiness of jurisdiction to prevent and respond to terrorist attack.

- **Management and Administration.** Costs associated with the management of the LETPP and implementing State Homeland Security Strategy.

Other DHS Grants and Training (G&T) programs with medical supplies as allowable equipment include:

■ **Emergency Management Performance Grant (EMPG) Program** (released as a stand-alone application earlier in the fiscal year)

The State Administrative Agency (SAA) is the only state body that can apply for and administer these grants that are provided to improve mitigation, preparedness, response and recovery capabilities for all hazards.

■ **Transit Security Grant Program (TSGP)**

The TSGP provides for the protection of regional transit systems and the commuting public from terrorism, especially explosives and nonconventional threats.

The grant programs specifically provide funding for the prevention and detection of explosive devices and chemical, biological, radiological and nuclear agents. DHS designed this program in coordination with federal partner agencies and industry, including the U.S. Department of Transportation, owners and operators of the nation's mass transit systems, and the American Public Transportation Association.

■ **Intercity Bus Security Grant Program (IBSGP)**

This program enhances security for the millions of passengers who travel using the nation's buses on a daily basis. The grants place a strong emphasis on providing resources that will help intercity bus systems better prevent and detect possible explosive devices, as well as chemical, biological, radiological and nuclear agents. The program offers funding to support passenger and baggage screening; enhance bus facility security; improve systems to better monitor, track and communicate with vehicles; and conduct training and exercises. Grant recipients will be selected on the basis of a competitive application process.

■ **Assistance to Firefighters Grant (AFG) Program**
Grants are limited to fire departments and emergency medical services (EMS) organizations that are not-for-profit and not affiliated with a hospital. They are awarded to enhance their abilities with respect to fire and fire-related hazards. It funds activities such as purchasing firefighting, EMS and personal protection equipment, training, vehicles and firefighter/first responder safety projects. The grant program for FY 2006 is worth \$539.55 million.

Centers for Disease Control and Prevention

■ **National Public Health Performance Standards Program**

The NPHPS Program is a National Partnership initiative that has developed National Public Health Performance Standards for state and local public health systems and for public health governing bodies. The vision, mission and goals of the NPHPS Program are provided.

■ **Cooperative Agreement Guidance for Public Health Emergency Preparedness**

These are grants to upgrade and integrate state and local public health jurisdictions' preparedness for and response to terrorism and other public health emergencies with federal, state, local and tribal governments, the private sector and nongovernmental organizations (NGOs).

Department of Justice

■ **COPS Interoperable Communications Technology Program**

The program provides funding to help communities develop effective interoperable communications systems for public safety and emergency services providers. Interoperable Communications Technology grants fund projects that explore uses of equipment and technologies to increase interoperability among the law enforcement, fire service and emergency medical service communities. These projects are the result of thorough planning and demonstrate how

new technologies and operating methods can help communities achieve interoperability.

Rural Utilities Service

■ *Distance Learning and Telemedicine Loan and Grant Program*

There are three categories of eligible purposes. The first includes acquiring eligible equipment. Examples: Computer hardware and software, audio and video equipment, computer network components, terminal equipment, data terminal equipment, inside wiring and interactive audio/video equipment. The second provides for acquiring instructional programming (including the purchase or lease of instructional programming already on the market). The third includes technical assistance and instruction for using eligible equipment, including any related software; developing instructional programming, including the development and modification of an existing instructional programming package; and providing engineering or environmental studies relating to the establishment or expansion of the phase of the project to be financed with the grant.

Agency for Toxic Substances and Disease Registry

■ *Program to Conduct and Coordinate Site-specific Activities*

Funds are available for cooperative agreement programs to conduct and coordinate site-specific activities. The purposes of the program are for recipients to: identify pathways of exposure to hazardous waste sites and releases; and identify, implement and coordinate public health interventions to reduce exposure to hazardous substances at levels of health concern.

National Institute for Occupational Safety and Health

■ *Occupational Safety and Health Education and Research Programs.*

Grants applications are invited from Education and

Research Centers (ERC) that are focused on occupational safety and health.

Finding Funding Sources

Did You Know?

The INPUT grants database is a great resource to find grant programs. INPUT's State and Local Grant Opportunities identifies and tracks federal grant program dollars going to state and local governments. This intelligence helps state and local governments research and find potential funding and helps companies bring funded solutions to their state and local customers.⁷

Working Funding Sources

Finding sources of grant funding is a time consuming and tedious process because of the number of agencies involved at federal and state levels. Use tools like INPUT and establish a protocol to:

1. Discover which agencies provide grants for your specific areas of activity.
2. Obtain current and previous program plans.
3. Create a "Daily Check" folder on your computer to monitor targeted agency Web sites.
4. Understand the grant cycles.
5. Keep a calendar of when grants should be announced.
6. Get on the mailing list.
7. Learn everything you can about those grants, especially funding priorities, application procedures and submission deadlines.
8. Make contact with the person responsible for the grant at the funding agency and build a rapport.

Grant Sources

- ***Federal.*** Driven by legislation; large and complex; often grants go to a state agency that then distributes at local levels; may be subject to oversight; forms differ within agencies and from

agency to agency.

- **State.** Usually funded through a particular agency; forms differ by agency; states differ in distribution by competitive and block grants.
- **Foundations.** The nation's 65,000 foundations award around \$30 billion every year.
- **Corporate.** \$10 billion plus annually; mostly awarded at local level.
- **Others.** Discretionary legislative funding; service organizations; federal earmarks — little competition, assigned by/for Congress and associated with specific legislation, broad latitude in spending, primarily to nonprofits and municipalities; limited funds.

Identifying and Working With Partners to Increase Grant Eligibility

The Government Accountability Office (GAO), in its report: "Homeland Security: Effective Regional Coordination Can Enhance Emergency Preparedness," noted that "the threat of terror is regionwide, and resources for responding to that threat are distributed among many jurisdictions." While recognizing the complexity and significant challenges to multi-jurisdictional organization and preparation, the GAO, nevertheless, concluded that "the most effective responses are coordinated and planned across the region, rather than being jurisdiction-specific."

The GAO study disclosed that several factors characterize effective regional coordination:

- Regional organizations that include representation from many different jurisdictions and diverse stakeholders serve as structured forums for these parties to discuss public policy problems and agree on possible solutions.
- Where regional collaboration is encouraged by the leadership and political traditions of state, regional and local entities, flexibility for regional organizations to establish their membership requirements and collaborative processes is important.
- Strategic plans developed by regional organizations can be effective tools to focus

resources and efforts to address problems.

Firmly accepting the favorable outcomes of regional coordination, the Emergency Management and Response-Information Sharing and Analysis Center (EMR-ISAC) encourages the emergency services leadership in all urban, suburban and rural areas to consider and promote the formulation of a Regional Preparedness Planning Group (RPPG) and preparation of a Regional Emergency Operations Plan (REOP).

An active RPPG and a quality REOP will substantially bolster emergency preparedness and CIP in the geographic regions where they exist.⁸ It will also greatly increase grant and funding opportunities.

Grant Writing Tips

You have identified the funding source and it is time to sit down and write your grant proposal. First, make sure you fully understand what you are applying for. If things are not clear, don't be afraid to ask questions. Contact the program officer and ask:

- Does our proposed project fall within the agency's current priorities?
- What is the budget for this grant? Do you expect any change next year?
- Are awards made on the basis of special criteria?
- What is the anticipated application/award ratio?
- What are the most common mistakes you see in grant applications?
- Would you review our draft pre-proposal?
- Could you provide a previously funded proposal for us to read for format and style?
- Who is responsible for reviewing the proposals?
- Could you provide a copy of the application evaluation form?

Then plan out how you are going to write the proposal:

A. Problem Section

- Be specific — don't exaggerate or be vague.
- Demonstrate the need for your methodology.
- Ensure that reviewers can anticipate your solution

based on your analysis of the problem.

B. Methods (Procedures) Section

- Start with your objective and set out the precise steps you will take to achieve it.
- Include what will be done, who will do it and when it will be done.
- Explain what additional resources will be needed, how they will be paid for and how they will help you achieve your objective.

C. Evaluation Section

- Include an evaluation component for every project objective.
- Explain the methodologies to be used to validate the evaluation.
- Stress evaluation as a tool for replicating the project in other programs.

D. Budget Section

- Make sure your calculations are clear, logical and error-free.
- Be comprehensive and include all associated costs — training, insurance, maintenance, etc.
- Be specific and give details.
- Include the cost of budget support.
- Justify out-of-the-ordinary expenditures even if not asked to do so.

Before you submit your proposal, get someone else to check your work, especially your math. Ideally, choose someone who is not too familiar with the project. If that person thinks you have made a cogent case for the grant, so will the grant evaluator.

Ten More Tips for Successful Grant Writing From the Experts

1. **ALWAYS FOLLOW DIRECTIONS!**
2. Research the grant thoroughly.
3. Involve all other interested parties.
4. Establish credibility from the outset.
5. Be positive — know what the problem is and what it takes to solve it.
6. Always have several people with different backgrounds and fields of expertise review your application and the math.

7. Make sure the proposal clearly explains the need, objections and solution.
8. Always comply with length restrictions imposed by the funding agency.
9. Make sure all elements of the proposal mesh together — goals and objectives must relate to the need/problem, activities must relate to objectives, and so on.
10. Make sure it is submitted on time.

Ten Reasons Why Grant Applicants Fail

1. Failure to follow directions.
2. Too many items requested.
3. Costs aren't itemized.
4. Failure to make a case for cost-benefit.
5. Failure to provide a problem statement.
6. Failure to shop around for lowest costs.
7. Failure to make a case for financial need.
8. Work is not checked.
9. Lack of collaboration, partnerships.
10. Request is for low-priority items.

(Compiled by U.S. Fire Administration and the Office for Domestic Preparedness)

Ten Tips for Getting MORE Grants

1. Be specific in your budget. Most grants either have no restrictions or minimal restrictions on the lengths of the budget.
2. Keep careful and organized records to allow you to provide information to funders when requested.
3. Involve others in supporting your project but be judicious. Have a purpose for their involvement.
4. Make a follow-up a part of the process. Remember that much of grant-seeking is relationship building.
5. Get support letters that demonstrate a commitment on the part of collaborators and an understanding of the role they play in the project.
6. Research every funding source to which you intend to apply.
7. Tailor each proposal to each funder.
8. Don't include materials in your application other than those specifically requested.
9. Contact program staff and attend any bidder's

conferences and information sessions the funders may offer.
10. Frame questions to get a meaningful response.

Useful Tips From the Office of Justice Programs (OJP) Evaluators

- Use visual aids (charts, maps and tables) to emphasize main points and allow for quick comparison.
- Use most recent information and facts to establish need for the project, utilize Census data, compare target area with region and nation.
- Budget for the life of the grant, address matching requirements and nonfederal support from applicant, partners and community buy in.
- Above all, apply. You won't get anything if you don't apply!

Additional Information Resources

Agency for Toxic Substances and Disease Registry
<http://www.atsdr.cdc.gov/>

American Public Health Association (APHA)
<http://www.apha.org/ppp/grants.htm>

American College of Emergency Physicians
<http://www.acep.org/>

CBS News Disaster Links
<http://www.cbsnews.com/digitaldan/disaster/disasters.shtml>

CDC (Centers for Disease Control and Prevention)
<http://www.cdc.gov/other.htm>

CDC Environmental Health Services (Emergency and Terrorism Preparedness)
<http://www.cdc.gov/nceh/ehs/ETP/default.htm>

CDC Public Health Practice Program Office
<http://www.phppo.cdc.gov/>

Center for Nonproliferation Studies at the Monterrey Institute of International Security Studies
<http://cns.miis.edu/>

Chemical and Biological Arms Control Institute
<http://www.cbaci.org/>

Chemical Stockpile Emergency Preparedness Program
<http://www.fema.gov/preparedness/csepp.shtm>

Council of State and Territorial Epidemiologists
<http://www.cste.org/>

Delta States Rural Development Network
<http://ruralhealth.hrsa.gov/funding/Delta.htm>

DHS Office for Domestic Preparedness
<http://www.ojp.usdoj.gov/odp/>

Federal Emergency Management Agency
<http://www.fema.gov/>

Grants.gov
<http://www.grants.gov>

Health Physics Society
<http://hps.org/>

Homeland Security Institute
<http://www.homelandsecurity.org/>

Hospital Quality Initiative of HHS's C.M.S.
<http://www.cms.hhs.gov/quality/hospital>

Lessons Learned Information Sharing (DHS-MIPT
Web site with secure data; registration required)
<https://www.llis.dhs.gov/>

National Association of County and City Health
Officials
<http://www.naccho.org/>

National Institute for Occupational Safety and Health
<http://www.cdc.gov/niosh/topics/emres/>

National Memorial Institute for the Prevention of
Terrorism
<http://www.mipt.org/>

National Public Health Information Coalition
<http://www.nphic.org/>

National Public Health Performance Standards
Program
<http://www.cdc.gov/od/ocphp/nphpsp/>

Nuclear Threat Initiative
<http://www.nti.org/index.html>

Police Executive Research Forum
<http://policeforum.mn-8.net/login.asp?loc=&link>

Radiochemistry Society
<http://www.radiochemistry.org/index.shtml>

University of Minnesota Center for
Infectious Disease Research and Policy
<http://www.cidrap.umn.edu/>

U.S. Department of Health and Human Services
<http://www.hhs.gov/>

U.S. Department of Homeland Security
<http://www.dhs.gov/dhspublic/>

U.S. Department of Veterans Affairs, Veterans Health
Administration, Emergency Management Strategic
Healthcare Group
<http://www.va.gov/emshg>

U.S. Fire Administration
<http://www.usfa.fema.gov/>

U.S. Food and Drug Administration
<http://www.fda.gov/>

World Health News, Harvard University School of
Public Health
<http://www.worldhealthnews.harvard.edu/>

Sources

- 1 Department of Health and Human Services
- 2 Department of Homeland Security
- 3 World Health Organization
- 4 Worldwatch Institute
- 5 World Health Organization
- 6 *Homeland Defense Journal*
- 7 INPUT grants database
- 8 Government Accountability Office

Health Officials Urge States to Develop Local Stockpiles

By Marianne Weaver

Although the federal government has purchased more than 5 million regimens of the bird flu vaccine Tamiflu (oseltamivir) and has an additional 16.4 million on order, federal and private sector health officials are warning state authorities not to rely solely on the national stockpile of medical supplies to deal with any future killer pandemic.

Von Roebuck, a spokesman for the U.S. Center for Disease Control and Prevention (CDC), said if a pandemic occurs there will be very specific and distinct supply needs, but the federal Strategic National Stockpile (SNS) is designed primarily to supplement and re-supply state and local public health agencies in the event of a national emergency within the United States or its territories. "Part of the federal government's initiative for pandemic influenza is to work in collaboration with state and local jurisdictions to establish their own pandemic response plans and stockpiles in order to maximize the federal response," he said. "In general, in any response, it usually is a combination of federal supply matched with state supply on the particular items needed for the response," said Roebuck. "States may choose to stockpile preparedness items or have a plan in place (or have both) on how additional supplies could be available."

The SNS is the national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous (IV) administration, airway maintenance supplies and surgical items. However, a report issued in December 2005 by the Trust for America's Health, a Washington, D.C.-based nonprofit, nonpartisan organization dedicated to preventing diseases and protecting the health and safety of communities, found that the SNS "was better suited to limited, situational bioterrorism or accidents and first-aid response than to mass emergencies. In concept the SNS is a critically valuable resource. In operation, the SNS is shrouded in mystery and the worst kind of bureaucracy."

Currently, most health care providers order and stock supplies on a "just-in-time" basis. This means they often have only a few days of reserve supplies, equipment and medicines, including many basic protective items, such as masks, gloves, gowns and clean hospital linens. And many of these items are manufactured in Asia, which may be the epicenter of a pandemic. Therefore, officials are urging states to stockpile additional supplies, particularly since during an outbreak, many production and delivery systems for supplies will likely be stalled or even stopped.

"This certainly is a serious possibility, which exemplifies the urgent need for early planning and stockpiling of critical supplies," said David Durack, MD, vice president of Becton, Dickinson and Co., and corporate medical affairs and consulting professor of medicine at Duke University. "BD is actively communicating with the federal, state and local governments about the need for and value of significant, collaborative proactive planning to maximize the health care industry's ability to provide critical medical supplies during a flu pandemic," said Durack.

According to the CDC's Von Roebuck, any pandemic will result in two very specific and distinct supply needs. "Nationwide, millions of people will have to be vaccinated in an attempt to reduce the impact of the pandemic. This will involve the use of both flu vaccine and antivirals," he said. "Equipment and supplies will be needed to ensure that vaccine can be stored safely and delivered to where it is needed. Supplies will also be required to enable the vaccine to be administered — needles, swabs, sharps containers etc., and it is essential to have emergency response supplies available for anyone having an [allergic] reaction to the vaccine," he said.

Roebuck said the SNS will include syringes. "Currently, the goal is to stockpile enough syringes to support the administration of the proposed 20 million H5N1 [bird flu vaccine] doses, although this number will vary based on the number of H5N1 doses purchased," said Roebuck.

However, a stockpile must be developed to cope with triage and treatment as the pandemic takes its course. "Because much of this treatment may have to be performed in nontraditional settings, [such as] schools or hotels, additional supplies, equipment and resources will be needed in addition to more vaccination supplies and personal protection equipment," said Roebuck.

Roebuck also noted that how each state and local health department addresses these key planning criteria is highly contingent upon individual circumstances, resources and public health structure. "Consequently, CDC does not dictate specific implementation considerations such as: where or how many triage sites should be established, or the amount of vaccine to stockpile. The same is true for strategy development beyond what has been recommended at the federal level. Each health department must determine the most appropriate implementation of the guidance provided them at the federal levels," he said.

Establishing a Triage Site

"In the event of a flu pandemic, one important factor to look for in a triage site would be the ability to prevent spread of infection among patients and healthy people at the site as far as possible," said Durack. "The location of a triage site will be dependent on the availability and demand on health care facilities in a specific area and will vary from city to city. These decisions will most likely be made by local government authorities and health departments."

To administer the vaccine, Durack said the site would need:

- Vaccine
- Syringes with needles to administer the vaccine
- Skin disinfectant swabs to prep the patient
- Sharps disposal

"Exact amounts will be dependent on the strain of the virus and the vaccine administered," noted Durack. "For example, if two doses of the vaccine are needed, then at least two of each of the above items will be needed for each person to be vaccinated. Sharps containers will be needed for the safe disposal of any syringes used. The amount will depend on the number of locations administering the vaccine in the city and the size of sharps containers in those facilities. Becton, Dickinson and Co., for example, produces sharps containers that range in size from 1 quart to 19 gallons."

As with any vaccine or drug, there is the potential of a shock-like allergic reaction called anaphylaxis. This can include hives, wheezing or swelling of some part of the body. "If this happens, particularly swelling around the throat and/or sudden and severe difficulty breathing, emergency care would be required including the possible immediate administration of epinephrine, which will also require the appropriate needles and syringes," Durack noted.

The National Response

The FY06 Pandemic Influenza Emergency Supplemental appropriations bill allocated \$242 million to CDC/SNS to enhance preparedness for pandemic influenza, including purchases for personal protective equipment, ventilators, syringes and other associated items needed for response to pandemic influenza.

The SNS is also stockpiling antivirals that can be used during an influenza pandemic. As of April 20, 2006, SNS contained approximately 5.1 million regimens of Tamiflu capsules (oseltamivir) with an additional 16.4 million on order. The SNS also contains approximately 8,600 regimens of Tamiflu oral suspension. In addition, the SNS contains approximately 84,000 regimens of Relenza (zanamivir) with an additional 3.9 million regimens on order.

The national response to the threat of pandemic influenza is a shared responsibility between the federal, state and local governments. The CDC and Health Resources and Services Administration (HRSA), have provided state and local agencies with approximately \$6 billion to upgrade infectious disease surveillance and investigation, enhance the readiness of hospitals and the health care system to deal with large numbers of casualties, expand public health laboratory and communications capacities, and improve connectivity between hospitals, and city, local and state health departments to enhance disease reporting.

Roebuck noted that for the past two years, HHS has been providing states with guidance and funding with which to prepare plans to counter a human influenza pandemic. States generally have made good progress. Congress recently provided \$350 million in emergency appropriations to upgrade state and local response capacity for pandemic influenza. The funding is being provided to all current grantees of the CDC Public Health Emergency Preparedness cooperative agreement. The funding will be distributed in two phases. In the first phase, \$100 million was awarded according to a population-based formula. The remaining \$250 million will be awarded later this year on the basis of performance.

With the release of the HHS Pandemic Influenza Plan, states will have the benefit of considerably more technical assistance than was available previously. In particular, Part II of the HHS Plan - "Public Health Guidance for State and Local Partners" - provides detailed tactical information relevant to virtually every aspect of planning for and countering a human influenza pandemic outbreak, said Roebuck.

Durack added that BD is in favor of close collaboration between the device industry, vaccine industry and appropriate government entities to ensure there is proper planning in place, including vaccine availability, rapid diagnostic tests, appropriate injection device stockpiles, appropriate respiratory collection devices and a vaccination delivery infrastructure, to ensure that during a pandemic the United States and the world are properly prepared to execute a mass immunization effort.

"BD is recognized as an efficient, lean manufacturer," he said. "However, 'efficient and lean' requires that we carry little or no surplus inventory. Because manufacturing surge capacity would almost certainly be inadequate to meet the demands of a pandemic, appropriate stockpiling by governmental and health authorities will be essential."

Grants at a Glance

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY 2006 Homeland Security Grant Program	Department of Homeland Security	Applications were due on March 2, 2006. Awards are expected on or before May 31, 2006.	\$1.765 billion	(800) 368-6498 askcsid@dhs.gov

Program Description: The FY 2006 Homeland Security Grant Program (HSGP) integrates the State Homeland Security Program (SHSP), the Urban Area Security Initiative (UASI), the Law Enforcement Terrorism Prevention Program (LETPP), the Metropolitan Medical Response System (MMRS) and the Citizen Corps Program (CCP).

Eligibility: The governor of each state has designated a State Administrative Agency (SAA) to apply for and administer the funds.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Assistance to Firefighter Grant Program	Department of Homeland Security	Awards expected to start before the end of June 2006	\$539.55 million (estimate)	Help Desk (866) 274-0960 firegrants@dhs.gov

Program Description: The AFG funds activities such as purchasing firefighting equipment, EMS equipment, personal protection equipment, training, vehicles and firefighter/first responder safety projects.

Eligibility: Eligible applicants for the Assistance to Firefighters Grant Program are limited to fire departments and non-affiliated EMS organizations.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY 2006 National Bioterrorism Hospital Preparedness Program	Health Resources and Services Administration	FY06 Solicitation has not yet been released	\$458 million (estimate)	Melissa Sanders (301) 443-0924 msanders@hrsa.gov

Program Description: The purpose of this program is to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies.

Eligibility: The distribution of funds will be to the state or political subdivision of a state (cities and counties are considered political subdivisions of states. Territories are considered states for the purposes of the grant program). Hospitals, EMS systems, outpatient facilities, community health centers and poison control centers should work with the appropriate health department for funding through this program.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY 2006 Emergency Management Performance Grant	Department of Homeland Security	Awards were made in February 2006	\$179.45 million	(800) 368-6498 askcsid@dhs.gov

Program Description: The Office of State and Local Government Coordination and Preparedness has a requirement to provide improvement of mitigation, preparedness, response and recovery capabilities for all hazards.

Eligibility: The governor of each state has designated an SAA to apply for and administer ODP grant funds.

Grants at a Glance (cont.)

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY06 Transit Security Grant Program	Department of Homeland Security	FY06 Solicitation has not yet been released	\$50 million (estimate)	(800) 368-6498 askcsid@dhs.gov

Program Description: The FY 2006 Transit Security Grant Program (TSGP) provides financial assistance to eligible transit agencies for the protection of critical infrastructure and emergency preparedness activities.

Eligibility: The governor of each state has designated a State Administrative Agency (SAA), who is responsible for preparing and submitting all grant application materials.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY06 Buffer Zone Protection Program	Department of Homeland Security	FY06 Solicitation has not yet been released	\$50 million (estimate)	(800) 368-6498 askcsid@dhs.gov

Program Description: Buffer Zone Protection Program (BZPP) funding will significantly enhance the protection around Critical Infrastructure and Key Resource (CI/KR) sites and deter threats or incidents of terrorism aimed at those facilities.

Eligibility: The governor of each state has designated a State Administrative Agency (SAA), who is responsible for preparing and submitting all grant application materials.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Pre-Disaster Mitigation Grant Program	Department of Homeland Security	FEMA-approved mitigation plan were due on April 14, 2006	\$50 million	Karen Magnino 202-646-3807, Karen.Magnino@dhs.gov

Program Description: The Pre-Disaster Mitigation (PDM) program will provide funds to states, territories, Indian tribal governments and communities for hazard mitigation planning and the implementation of mitigation projects prior to a disaster event.

Eligibility: Only the state emergency management agencies or a similar office (i.e., the office that has emergency management responsibility) of the state, the District of Columbia, the U.S. Virgin Islands, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, as well as federally recognized Indian tribal governments are eligible to apply to FEMA for assistance as applicants under this program.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY06 Port Security Grant Program	Department of Homeland Security	FY06 Solicitation has not yet been released	\$141 million (estimate)	(800) 368-6498 askcsid@dhs.gov

Program Description: The purpose of the Fiscal Year Port Security Grant (PSG) Program is to create a sustainable, risk-based effort for the protection of port maritime critical infrastructure from the threat of terrorism, especially explosives and nonconventional threats that would cause major disruption to commerce and significant loss of life.

Eligibility: To identify the most at-risk seaports, the Office for Domestic Preparedness (ODP) worked with the U.S. Coast Guard (USCG) and the Information Analysis and Infrastructure Protection Directorate (IAIP) to develop the following risk formula: Risk =Consequence x Vulnerability x Threat.

Grants at a Glance (cont.)

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY 2006 Competitive Training Grant Program	Department of Homeland Security	Concept Papers were due on May 31, 2006; Proposals are due on June 30, 2006	\$28.8 million	(800) 368-6498 askcsid@dhs.gov

Program Description: The Department of Homeland Security, Office of State & Local Government Coordination and Preparedness (SLGCP) has a requirement to fund national preparedness training initiatives that further the DHS mission of preparing the nation to prevent, protect against, respond to, and recover from incidents of terrorism or catastrophic events.

Eligibility: Entities eligible to receive funding under this program include: state, local, tribal and territorial governments; national associations, including those representing elected officials; institutions of higher education; public safety agencies; nonprofits, including community and faith-based organizations; and private corporations, including owners and operators of critical infrastructure and health care entities, working in conjunction with the nonprofit sector.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Bioterrorism Training and Curriculum Development Program	Health Resources and Services Administration	Solicitation expected in Spring 2008	\$25 million	Terri Spear (301) 443-4912

Program Description: Bioterrorism Training and Curriculum Development Program equips a workforce of health care professionals to address the medical consequences of bioterrorism and other public health emergency preparedness and response issues.

Eligibility: The entities eligible to apply for this program are academic health centers; other public or private nonprofit accredited or licensed health professions schools; other educational entities such as professional organizations and societies; private accrediting organizations; other nonprofit institutions or entities including faith-based organizations and community-based organizations; and multi-state or multi-institutional consortia of various combinations of these eligible entities.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
FY2006 Homeland Security Preparedness Technical Assistance Program	Department of Homeland Security	Technical Assistance is provided throughout the year to DHS grantees and stakeholders	To Be Determined	CSID Helpline (800) 368-6498 askcsid@dhs.gov

Program Description: HSPTAP provides direct assistance to state, regional, local and tribal jurisdictions to improve their ability to prevent, protect against, respond to, and recover from major events, including threats or acts of terrorism.

Eligibility: Previously identified TA providers and others who maintain effective stakeholder relationships and have a command of capability based planning with the context of the National Preparedness Goal.

Grants at a Glance (cont.)

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Fire Prevention and Safety Grant Program	Department of Homeland Security	Application period will start in September 2006	\$27 million (estimate)	Help Desk (866) 274-0960 firegrants@dhs.gov

Program Description: The purpose of the Fire Prevention and Safety Grant (FP&S) is to enhance the safety of the public and firefighters with respect to fire and fire-related hazards. The primary goal of the FP&S grant is to reach high-risk target groups in order to mitigate the high incidences of death and injuries.

Eligibility: These grants support not only fire departments, but also other organizations experienced in fire prevention and in firefighter safety research.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Staffing for Adequate Fire and Emergency Response (SAFER) Grant	Department of Homeland Security	Applications will be accepted on or about May 30, 2006, to June 30, 2006	\$110 million	Help Desk (866) 274-0960 firegrants@dhs.gov

Program Description: The purpose of the Staffing for Adequate Fire and Emergency Response (SAFER) grants is to help fire departments increase their cadre of firefighters. The SAFER grants have two activities that will help grantees attain this goal: 1) hiring of firefighters and 2) recruitment and retention of volunteer firefighters.

Eligibility: Volunteer, combination and career fire departments are eligible to apply for the Hiring of Firefighters Activity.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Distance Learning and Telemedicine Loan and Grant Program	Rural Utilities Service	Applications are due on June 12, 2006	\$20 million	202-720-0413 dlinfo@wdc.usda.gov

Program Description: The Distance Learning and Telemedicine (DLT) Program is specifically designed to meet the educational and health care needs of rural America through the use of advanced telecommunications technologies. With DLT grants, loans and loan-grant combinations, we help rural communities enjoy enhanced educational opportunities, improved health care services and greater economic development.

Eligibility: To be eligible for a grant your organization must: 1. Currently deliver or propose to deliver distance learning or telemedicine services for the term of the grant. 2. Be legally organized as an incorporated organization or partnership; an Indian tribe or tribal organization; a state or local unit of government; a consortium; or other legal entity, including a private corporation organized on a for profit or not-for-profit basis with the legal capacity to contract with the United States government. 3. Operate a rural community facility or deliver distance learning or telemedicine services to entities that operate a rural community facility or to residents of rural areas at rates calculated to ensure that the benefit of the financial assistance passes through to such entities or to residents of rural areas.

Grants at a Glance (cont.)

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Delta States Rural Development Network	Health Resources and Services Administration	This program is expected to receive an appropriation in FY 2007	\$5.5 million (estimate)	Lakisha Smith Program Coordinator (301) 443-0837 lsmith2@hrsa.gov

Program Description: The purpose of the Delta States Rural Development Network (Delta) Grant Program is to support community organizations in the development and implementation of projects to address local health care needs in the rural Delta Region. This will be achieved by awarding a single grant to one organization within each of the eight Delta states.

Eligibility: Eligible applicants are limited to the eight designated Delta Region states: Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee.

Program:	Agency:	Status of Program:	Funding:	Contact:
Rural Health Network Development Planning Grant Program	Health Resources and Services Administration, Office of Rural Health Policy	Solicitation expected in mid June 2006	\$1 million (estimate)	Michele L. Pray-Gibson, M.H.S. (301) 443-7320 mpray@hrsa.gov

Program Description: The purpose of the Rural Health Network Development Planning Grant Program is to provide support to entities that need assistance to plan, organize and develop a health care network because they do not have a significant history of collaboration and are not sufficiently evolved to apply for a three-year Rural Health Network Development Grant.

Eligibility: The applicant must be a rural, nonprofit (state or federal) or public entity that is or represents a consortium of three or more health provider entities that need assistance to plan, organize and develop a health care network.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
Small Rural Hospital Improvement Grant Program	Office of Rural Health Policy	Applications were due on March 14, 2006	\$15 million	Keith Midberry, MHA (301) 443-2669 kmidberry@hrsa.gov

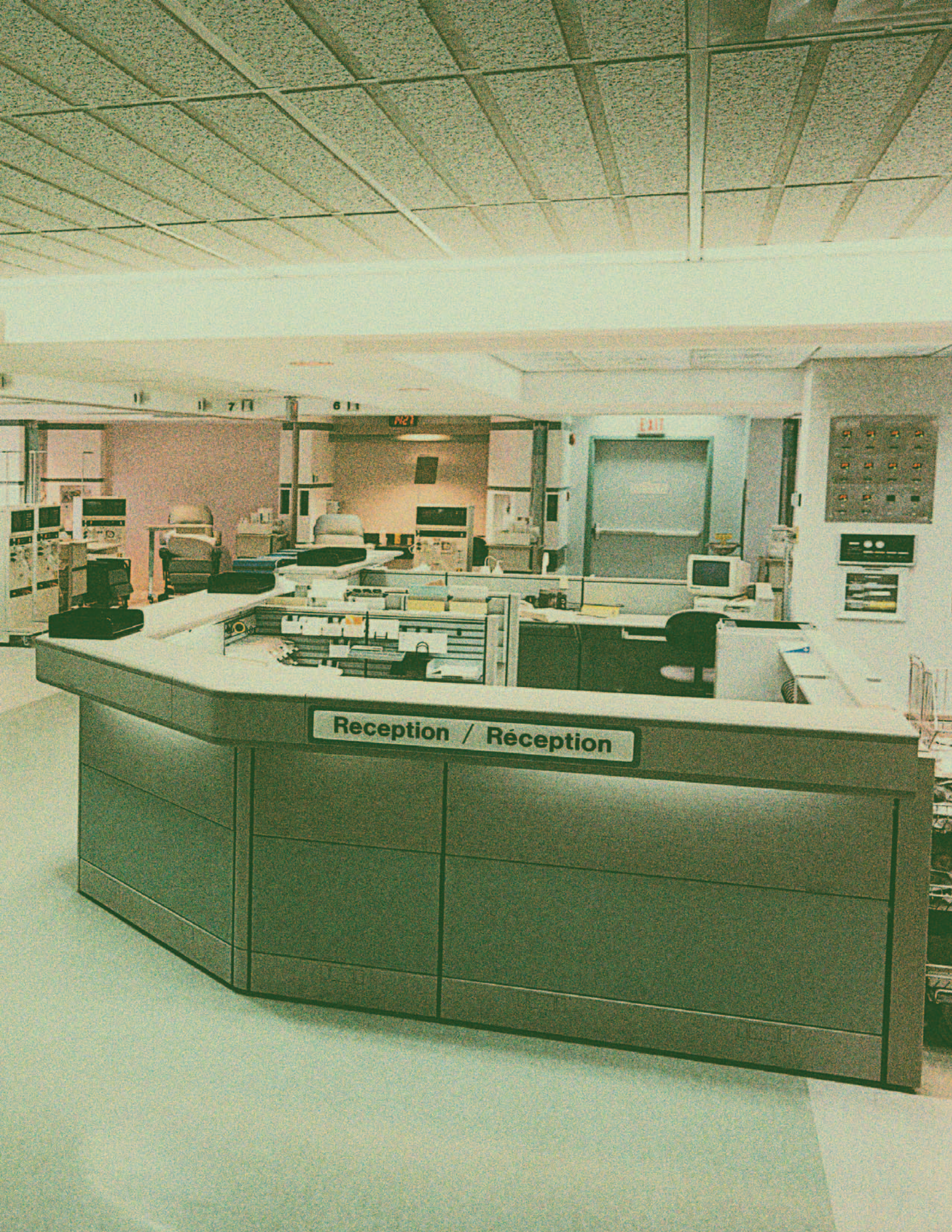
Program Description: The Office of Rural Health Policy's Small Rural Hospital Improvement (SHIP) Grant Program provides funding to small rural hospitals to help them do any or all of the following: 1) pay for costs related to the implementation of PPS, 2) comply with provisions of HIPAA and 3) reduce medical errors and support quality improvement.

Eligibility: To be eligible for these grants, a hospital must be: (1) small is defined as 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report, (2) rural is defined as located outside a Metropolitan Statistical Area (MSA); or located in a rural census tract of a MSA as determined under the Goldsmith Modification or the Rural Urban Community Areas and (3) hospital is defined as a nonfederal, short-term, general acute care facility.

Program Name:	Agency:	Status of Program:	Funding:	Contact:
State Systems Development Initiative Program	Health Resources and Services Administration	Applications are due on June 16, 2006	\$5.3 million	Scott A. Snyder (301) 443-0345

Program Description: SSDI is intended to assist State Agency MCH and CSHCN programs in the building of state and community infrastructure that results in comprehensive, community-based systems of care for all children and their families.

Eligibility: This is a limited competing renewal for the 59 State Title V Agencies.



Reception / Réception